2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000039452

1. Entity Name
COMPLETE COUNSELING GROUP, INC.

Principal Place of Business	Mailing Address
1876 N. UNIVERSITY DR. SUITE 308B PLANTATION, FL 33322	1876 N. UNIVERSITY DR. SUITE 308B PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE

03142007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
02-0590045	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TANTILLO, DEBRA
1876 N UNIVERSITY DR
SUITE 308B
FORT LAUDERDALE, FL 33322

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TANTILLO, DEBRA
STREET ADDRESS	1876 N. UNIVERSITY DR., SUITE 308B
CITY-ST-ZIP	PLANTATION, FL 33322

U000000699630
04/19/07-80050-009 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Debra Tantillo_   4-4-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #